

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008127

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 296 Primary Registration District No. 6018 Registrar's No. 2**FILED MAR 1 1963**

1. PLACE OF DEATH

a. COUNTY

Ray

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Fishing River Township

Length of stay in 1b

50 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 3 miles west of Rayville

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ray

c. CITY

OR
TOWN Rayville

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Rt. 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

CARRIE

Middle

BELL

Last

O'DELL

4. DATE OF DEATH

Month

Day

Year

Feb. 20, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/19/1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Rayville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Price

13b. MOTHER'S MAIDEN NAME

Laura Gant

14. NAME OF HUSBAND OR WIFE

Ben H. O'Dell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Ben H. O'Dell, Rt. 2, Rayville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension

yrs

DUE TO (c)

Arteriosclerosis

yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-7-62 to 20 Feb '63 and last saw her alive on 19 Feb '63Death occurred at 7:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Excelsior Springs, Mo.

22c. DATE SIGNED

2/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 22, 1963

23c. NAME OF CEMETERY OR CREMATORY

Sanderson Cemetery

23d. LOCATION (City, town, or county)

Rayville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Thurman Funeral Home, Richmond, Mo.

25. DATE RECD. BY LOCAL REG.

2-26-63

26. REGISTRAR'S SIGNATURE

Heber J. Larkin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or ~~XXX~~ _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leonard Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.